

## **Bipolar Disorder**

### **Clinical Practice Guideline Summary for Primary Care**

#### **DIAGNOSIS AND CLINICAL ASSESSMENT**

Bipolar Disorder is categorized by extreme mood cycling; manifested by periods of euphoria, grandiosity, impulsivity, mania and at times reckless and self-injurious behaviors. At times, patients with Bipolar Disorder will also exhibit significant depressive symptoms. Patients with Bipolar I Disorder have typically experienced at least one manic episode along with a history of mixed, hypomanic and depressive episodes. Patients with Bipolar II Disorder have experienced hypomanic and depressive episodes with no reported history of mania.

A comprehensive diagnostic evaluation requires careful attention to the patient's behavioral health and medical history. It is important to distinguish a patient's clinical presentation for a potential Bipolar Disorder diagnosis from Substance Abuse Disorders (i.e. Cocaine Abuse/Dependence) or medical conditions (i.e. Thyroid Disease, Lupus, etc.) as symptoms may mimic a similar course of depressive episodes and mood swings. One way to improve diagnostic efficiency in detecting Bipolar Disorder is the use of a screening tool such as the Mood Disorder Questionnaire, a 13 item self-report instrument which can substantially improve the recognition of a patient with a Bipolar Disorder diagnosis.

A comprehensive diagnostic evaluation requires careful attention to the patient's behavioral health and medical history and should include the following elements:

- History and severity of current symptoms
- Mental status exam
- Psychiatric history including current and past treatments (i.e. behavioral health therapy and pharmacotherapy) and responses to treatment
- Suicidal and/or homicidal ideation; include collateral information from patient's family/supports
- General medical history and physical examination to rule out medical reason for reported symptoms
- Level of functional impairment (i.e. interpersonal relationships, employment, living conditions, health, and medical issues)
- Substance use history and treatment for substance use disorders
- Family medical and psychiatric history
- Initial treatment planning for monitoring mental status changes, potential for relapse, and response to medication

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- Appropriate treatment setting given patient's presenting symptoms
- Education for patient and family/supports regarding illness, potential for ambivalence about treatment, course of treatment and the importance of medication adherence
- Promote patient/family awareness of psychosocial stressors and potential impact on illness
- Inform patient/family about the importance of maintaining regular patterns of daily living including adequate sleep, nutrition and physical activity

It is important to note that patients with Bipolar Disorder diagnosis have an increased risk for suicide. Other clinical factors such as substance abuse and/or other psychiatric co-morbidity may increase a patient's suicide risk. Therefore it is critical to assess the patient's suicide risk throughout the course of treatment.

### **POTENTIAL WARNING SIGNS IN TREATING PATIENTS WITH BIPOLAR DISORDER**

- Significant changes in a patient's mental status and symptoms may warrant consultation with a behavioral health specialist to assess the need for hospitalization for safety, containment and potential medication adjustments.
- Patients presenting with severe depressive symptoms are at risk for suicide and may require hospitalization; patients presenting with co-morbid alcohol and/or substance use disorders may require detoxification.
- Patients may require additional support or additional levels of care due to the emergence of risk taking behaviors such as excessive spending, hyper-sexual impulses, and/or other impulsive acts that put a patient or others at risk.

### **EFFECTIVE TREATMENT**

Treatment options for Bipolar Disorder are generally determined based on the patient's clinical presentation and severity of symptoms such as acute depression, rapid cycling and episodes of mania. In severe cases, the patient may also exhibit symptoms of psychosis. The primary goal of treatment for acute depression, manic or mixed episodes is safety, stabilization, symptom control and a return to baseline psychosocial functioning.

Pharmacotherapy is the first line treatment for patients presenting with acute symptoms of Bipolar Disorder. Patients will require monitoring for medication adherence, potential side effects, and mental status changes. In addition, treatment planning may include cognitive therapy or interpersonal therapy to help patients identify psychosocial stressors, functional impairment and potential triggers for relapse. Electroconvulsive Therapy

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(ECT) may also be considered for patients with severe or treatment resistant mania, life threatening suicidality or severe depression during pregnancy.

Comprehensive treatment plans should be developed and reviewed during all phases of treatment and include the following interventions:

- Evaluate and monitor the patient's functional impairments and quality of life in domains such as family and social relationships, work, school, leisure activities and maintenance of health and hygiene
- Collaboration with the patient to develop a treatment plan and help with decision making; attend to the patient's preferences and concerns
- Establish the appropriate treatment setting based on the patient's clinical condition, symptoms and safety concerns
- Ongoing assessment and monitoring of patient safety and thoughts of harm to self or others is critical
- Ongoing monitoring of patient's symptoms and response to treatment
- Coordinate the patient's care with other treating clinicians to ensure that relevant information is communicated to guide treatment decisions, and treatments are synchronized
- Assess potential barriers to treatment adherence including lack of motivation, medication side effects, logistical, economic or cultural barriers to treatment
- Provide education to patient/family regarding illness, risk of relapse, and the need for treatment compliance
- Promote healthy behaviors such as exercise, good sleep hygiene and nutrition, decreased use of tobacco, alcohol and other potentially addictive substances

## ***Medication***

### ***Acute Treatment Phase***

- **Severe Manic or Mixed Episodes** – The first line pharmacological treatment for severe manic or mixed episodes is Lithium in combination with an atypical antipsychotic or anticonvulsant medication. Monotherapy with Lithium, an anticonvulsant, or an atypical antipsychotic may be sufficient for patients presenting with less severe symptoms. Short-term adjunctive treatment with a benzodiazepine may also be helpful. For patients presenting with mixed episodes of depression and mania, an anticonvulsant, such as Valproate, may be preferred over Lithium. Atypical antipsychotics are preferred over typical antipsychotics due to their generally more tolerable side effect profile.
- **Acute Depression** – The first line treatment for acute depression associated with Bipolar Disorder is Lithium, and can include the addition of the anticonvulsant Lamotrigine. Antidepressants, such as Selective Serotonin Reuptake Inhibitors (SSRIs) as monotherapy are not recommended as these medications can precipitate a manic episode.

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- **Rapid Cycling** – A patient with Bipolar Disorder may exhibit rapid cycling which is defined as four or more distinct manic, hypomanic or depressive episodes in one year. It is important to first identify and treat medical conditions such as hypothyroidism, alcohol or drug use that may contribute to the cycling and changing mood states. Antidepressants, which may be contributing to the cycling, should be tapered if possible. The initial treatment for patients exhibiting symptoms of rapid cycling is Lithium or Valproate; an alternative treatment is Lamotrigine. For many patients, combinations of medications are required.
- **Initial Workup** – The following guidelines are generally recommended prior to beginning Lithium pharmacotherapy: general medical history and physical examination; blood urea nitrogen (BUN) and creatinine levels; tests of thyroid function; electrocardiogram (ECG) with rhythm strip for patients over 40; pregnancy test for women of childbearing age.

### ***Maintenance Phase***

Maintenance medication regimens are recommended following a manic or depressive episode. Treatment options with the best empirical support include Lithium and Valproate; possible alternatives are Lamotrigine and Carbamazepine. If one of the aforementioned medications led to remission of the patient's most recent depressive or manic episode, it generally should be continued through the maintenance phase of treatment. Maintenance ECT may also be considered for patients who responded to ECT during an acute depressive or manic episode. Maintenance pharmacotherapy with atypical antipsychotics may be considered; however there is less evidence that their efficacy is comparable to the aforementioned medications.

### ***Therapy***

Patients with Bipolar Disorder can benefit from ancillary cognitive, interpersonal or psychodynamic therapy to address illness management, medication adherence, psychosocial stressors and relapse prevention. Family therapy may support the patient's efforts to manage issues associated with interpersonal difficulties and relationship issues. Group therapy can provide patients with peer support for adapting to a chronic illness and management of lifestyle changes.

### **RESOURCES**

For further information see the complete version of the American Psychiatric Association's *Practice Guideline for the Treatment of Patients with Bipolar Disorder* available at <http://psychiatryonline.org/guidelines>.

### **OPTUM CONTACT INFORMATION**

- Optum Physician Consultation Service (800) 292-2922 to discuss treatment concerns with an Optum psychiatrist.

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- Optum Customer Service (888) 777-4742 if you would like to make a referral to a behavioral health professional.
- Optum 24/7 Substance Use Disorder Helpline (855) 780-5955 for education regarding substance use, treatment options and available community support services.

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